PHILADELPHIA MEDICAL TIMES.

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ORIGINAL LECTURES.

CLINICAL LECTURE
ON SEBORRHŒA CAPITIS.

BY LOUIS A. DUHRING, M.D.,

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Reported by DR. ARTHUR VAN HARLINGEN.

THE patient whose case forms the subject of our study to-day complains of an affection, not indeed severe, and certainly not dangerous, but yet one of such character as to claim close study of its features and careful treatment if we would succeed in its cure.

He is, you observe, a man of middle age, pale, and evidently out of health. A weaver by occupation, he is confined much of the time to a dark, unwholesome apartment; his hygienic surroundings, in fact, are bad.

The disease for which he seeks relief we find to be localized in the scalp, showing itself on the surface in the form of a copious accumulation of small, pearly-white, greasy-looking scales.

The reproduction of these scales is attended with considerable itching, and is so rapid that, although the scalp may be thoroughly cleansed in the evening, yet by the next morning they are present again as abundantly as ever.

The duration of the affection is about three months, or rather about that length of time has elapsed since the itching and scaliness first became so annoying as to attract the patient's attention. It is probable that its origin may be referred to a much earlier date.

These facts in the history of the case having been ascertained, let us examine the appearances presented, and determine, so far as we may, its exact nature.

Have we any extraneous causes of irritation, such as might produce a condition like the present?

As to stimulant applications, our patient informs us that none have been made; but as to pediculi, the only other likely source of external irritation, some examination will be necessary.

The diagnosis of phtheiriasis is not difficult, since either the unmistakable pediculus is present *in propriâ personâ*, or its representative ova, known by the following characteristics, may be discovered.

The ovum of the P. capitis is a small, pear-shaped, grayish-white body, about the size of a grain of sand, and is found attached quite firmly by its smaller end to the hair at a considerable distance from its insertion into the skin. Examination of our patient's scalp shows the absence of living pediculi; but are these grayish particles sticking to the hairs at various points, ova? At first glance, they certainly appear to be such; but on closer inspection they are seen to have an irregular shape, to be easily brushed off from the hair, and, in fact, to be in all respects identical with the scales on the surface of the scalp.

Phtheiriasis, then, the only remaining source of irritation, being excluded, let us proceed to an examination of the eruption itself, with the object of ascertaining which, among several affections likely to be found in this locality, we have in the present case.

There are only three diseases occurring on the scalp in a form resembling the one before us: they are *psoriasis*, *eczema*, and *seborrhœa*. It would be impossible to give such a verbal description of these affections as would enable you always, and under all circumstances, to recognize and distinguish them; experience alone will enable you to do that. Their leading characteristics, however, you should certainly be acquainted with. They are as follows:

Psoriasis capitis manifests itself in the form of dry, white scales, scattered through the scalp. It usually extends a little beyond the space covered by long hair, so as frequently to form over the forehead, ears, and neck, a whitish or reddish border encircling the scalp. It is not apt, as a rule, to itch so intensely as the other two affections under consideration, and when occurring in the head is almost invariably found in other parts of the body, especially around the elbow- and knee-joints.

Eczema capitis may occur either in the vesicular or squamous form. If it occurs in the former, the peculiar structure of the scalp modifies to some extent the appearance of the disease.

In mild cases, this variety presents itself in the form of yellowish, friable crusts, consisting of epithelial scales mingled with dried serum. On raising these crusts, the surface beneath is found to be red, shining, and moist. In severe or neglected cases the secretion of the sebaceous glands mingles with that of the vesicles, and the products of disease, becoming decomposed, give rise to a peculiar and disgusting odor. The hairs also become matted together, and the most severe form of the affection is called in some countries "plica polonica," a mixture, in fact, of eczema, seborrhœa, and filth.

In the squamous form of eczema, the scalp is red, and covered with fine, dry, white scales.

Seborrhœa capitis is characterized by the abundant production of scales in the same manner as the two diseases just spoken of, but these scales are seen, on careful inspection, to possess quite a different character from those of psoriasis or eczema. They are numerous, pearly-white, and have a decidedly greasy lustre and feel. They have also a certain cohesiveness, which causes them to accumulate in masses, but they have no tendency to produce matting of the hair.

On raising a patch of seborrhœa, we find the underlying skin red indeed, and somewhat shining, but with no appearance of moisture, as with eczema.

A careful examination of the patient before us will justify the assertion that we have here a well-marked case of the last of these three diseases,—seborrhœa capitis,—seborrhœa of the head.

There are two varieties of seborrhœa: seborrhœa

oleosa and seborrhœa sicca. The former is characterized, as its name would indicate, by increased fluidity of the sebaceous secretion, which is also poured out in such quantity that the affected skin frequently looks as if it had been freshly anointed with oil. This variety is most usually found on the face, although it sometimes occurs on the scalp and elsewhere. When persons who are exposed to dust or dirt become subjects of this variety of the disease, the visage presents a peculiar and constant grimy appearance, which nothing but frequent cleansing can prevent.

In seborrhœa sicca, on the contrary, the more solid constituents of the sebum predominate and the secretion assumes an inspissated condition; hence the name, dry seborrhœa. It is the latter variety of seborrhœa which we have in the case before us.

This affection is not invariably confined to the scalp; on the contrary, we frequently see it on the face, and, in fact, it may occur in any part of the body where there are sebaceous glands. It is decidedly more common, however, in the scalp, since in this locality the sebaceous glands are more numerous and active than elsewhere.

When seborrhœa sicca occurs in non-hairy portions of the body, its appearance is decidedly modified; fewer scales are detached, and the diseased surface usually presents simply a circumscribed patch of congested skin, with slightly roughened cuticle.

The pathology of the affection is as follows: When from any cause the sebaceous glands take on abnormal action, not only is their secretion altered in one way or another and poured out in increased quantity, but their epithelial investment itself becomes to a certain degree affected, and the lining cells are reproduced and thrown off with unhealthy rapidity. It is the cells constituting this lining membrane, as well as the inspissated sebum which mats them together, which go to form the pearly-gray scales observed on the surface of the skin.

The name of the disease—seborrhœa—is derived from the Greek, and signifies a flow of sebum to an abnormal amount, this being the characteristic feature of the affection.

The rapidity with which the scales are thrown off is astonishing. Our patient has just told us that in a very short time the scalp may become entirely covered with them. This rapid proliferation of the lining epithelium with abnormal and excessive secretion from the sebaceous follicles may go on for years if unchecked, and finally the disease may involve the hair-sheaths themselves, and cause the death of the hair. Seborrhœa becomes in this way one of the most frequent causes of premature baldness.

The origin of the affection is usually to be found in some defect of nutrition, such as chlorosis or anæmia in both males and females. In the latter, irregularity in the performance of the menstrual function is a frequent cause. In fine, all those conditions of want of health which are indicated by cold hands and feet, as well as various forms of indigestion, may be indicated as among the known causes of seborrhœa.

Our patient is evidently anæmic, and badly nourished, and our treatment of his skin-trouble will be based upon the removal of this condition. So far as he is able to follow our advice, he will take fresh air and exercise. His food shall be nutritious, with strict avoidance of pastry, fat meats, or any form of diet which may be found to cause indigestion.

As regards medicinal treatment, he will be ordered ol. morrhuæ; a tablespoonful of the oil to be taken about an hour after ordinary meals. If this does not derange the stomach or digestive apparatus, he will be directed to continue its use for several months, intermitting it for a short period perhaps at intervals. The cod-liver oil is often of decided benefit in these cases, and may be relied upon as a valuable auxiliary. But the medicine which is of paramount importance and of unquestionable service in the majority of cases of seborrhœa is iron; it is indicated and will be of service in the case of the patient before us. He will be ordered four grains of the tartrate of iron and potassium in sweetened water, to be taken thrice daily directly after eating. The use of this preparation will be persevered in for some time; several months at least.

We shall scarcely look for much improvement before a month's time. Seborrhœa is slow to get well; it is a disease which has to be treated with care and discretion, requiring time to undergo change. Until a certain alteration has been produced in the constitution of the patient, it is useless to expect a cessation of the process; for the disease in the case under consideration is no mere local trouble, but a state emphatically associated with his general poor health and improper condition. Relying upon the oil and iron for the internal treatment, together with hygienic measures, it will be necessary at the same time to employ local treatment as auxiliary means of relief. It is important to keep the scalp thoroughly clean and free from the products of the disease. To get rid of the scales we shall order him some alkaline liquid preparation. A very suitable wash for these cases is the tinct. sap. viridis,—a solution of sapo viridis in alcohol in the proportion of two ounces of soap to one of alcohol. This is a valuable and efficacious alkaline wash for various conditions of the scalp, and is of particular service in seborrhœa capitis. It is to be rubbed upon the head by means of a piece of flannel, adding a sufficent quantity of water to the scalp from time to time to make an abundant lather. This is thoroughly rubbed into the affected parts, and after ten or fifteen minutes completely washed out of the hair by means of an abundant supply of warm water, care being taken to rid the scalp entirely of suds. The scales will by this means be completely removed. The hair and scalp should now be dried with a soft towel until all moisture has disappeared. Some oily or fatty preparation is now to be applied directly to the scalp, and to the hair as well, in order to counteract the effect of the alkaline wash, which tends to produce shrinkage of the skin. We shall order for our patient an oil composed of one part glycerin, one part ol. ricini, and two parts alcohol, to be worked into the scalp after each washing with the soap preparation.

There are cases of seborrhœa, however, where the products of disease have been allowed to accumulate to such an extent that they form quite a crust. In such cases a quantity of olive oil—say a teacupful—should be well worked into the scalp, and the head covered with a night-cap. If this is done at night, the crusts and scales will have become so far softened by the next morning that the wash above mentioned may be successfully used.

Finally, you should remember that in such cases as these of old standing, and where the disease has made much progress, many hairs will have become loosened from their sheaths, and will remain attached to the crusts only. Of course, the first time the patient's head is thoroughly cleansed all these detached hairs come away, and the effect at times is somewhat startling. It should always be ascertained if many hairs have become loosened or entirely separated before the cleansing process has been commenced, that the patient may be warned of the probable result.

ORIGINAL COMMUNICATIONS.

INTRA-UTERINE MEDICATION, — A NEW APPLICATOR.

BY H. E. WOODBURY, M.D.,
Washington City, D.C.

IN the *Medical Times* of April 4, 1874, "Subscriber" expresses his conviction that by Dr. Goodell's method applications cannot be made to the cavity of the uterus. After a careful perusal of Dr. Goodell's paper, I fully concur with "Subscriber" in his belief that before the mop reaches the fundus the fluid it contained will have been pressed out and taken up by the cervix.

Since the publication of my article in the *Medical Times* (April 26, 1873), "A New Instrument for treating Diseases of the Neck and Cavity of the Womb," I have been studying this subject carefully, with the view to construct an instrument by means of which applications may be made to the uterine cavity, thoroughly, effectually, and to which the objections entertained by many as to intra-uterine injections may not apply.

While my experience with the uterine injector referred to above has been extremely satisfactory, I have been anxious, if possible, to improve upon that method, and now present to your readers, and to "Subscriber," a safe and sure instrument for the accomplishment of the desired end.

My instrument, the applicator, very much resembles the injector in shape, so far as the glass tube is concerned, the only difference consisting in this, that in the applicator the openings at both terminal extremities are of the same diameter, while in the injector one of these is capillary. The edges of these openings are well rounded by heat.

Through this tube I pass a piece of steel wire about two inches longer than the tube, the temper being removed from the last two inches of this, so as to permit of its being bent to any desired curve.

The instrument is used as follows. We first moisten the end of the wire, and wrap closely around it just enough of cotton to admit of its being drawn back into the tube without difficulty. The cotton is then dipped into fuming nitric acid, tinct. iodine, strong solution of carbolic acid, or any other fluid we may select, and withdrawn into the tube. The end of the tube is well wiped, and through the speculum introduced into the womb, dilatation of the ostium internum being sometimes necessary, in order that the tube may be passed. When the tube has entered as far as is necessary, we gently push the mop into the cavity. Thus it will be seen that our remedial agent is entirely under our control, and the cotton is not "*squeezed dry*" by coming in contact with the mucous surface of the cervix, as in Dr. Goodell's method.

If deemed desirable, a few drops of the fluid may be drawn into the tube, if we wrap enough of cotton on the end of the wire to make it act as a piston. This will flow out slowly, guttatim, when the wire is pushed in, and not with the force of an injection.

I have used the applicator in several cases, with entire success. No unusual irritation has attended its use. The introduction of the solid nitrate of silver, as recommended by Goodell and others, into the uterine cavity, is often attended with unpleasant results. The chemically-pure nitric acid applied by my method seldom occasions any other sensation on the part of the patient than a feeling of warmth in the organ, and the promptness with which the symptoms yield to this mode of treatment is in the highest degree satisfactory. I feel confident that in this instrument the desideratum has been attained, and that the profession, after a fair trial, will give it their unqualified approval.

LEAD-POISONING FROM EATING PRESERVED FRUITS.

BY T. HALE STREETS, M.D., U.S.N.

A CASE of lead-colic occurred on board the U.S. steamer Portsmouth, in the person of Mr. Dumpleman, the apothecary. Mr. D., who is likewise a chemist, discovered the source of the poison to be in the canned preserved fruits which he had been eating.

As "an ounce of prevention is worth a pound of cure," a few words of caution here will not be inadmissible.

Tin is cast into various forms, and is alloyed with several metals for domestic and other purposes. Tin cans are made of sheet iron coated with tin; a little lead is added to give it greater toughness. After the opening of the tin cans containing preserved fruits of any kind, as apples, plums, gooseberries, currants, cranberries, oranges, etc., etc., they should be emptied at once into some non-metallic vessel, as these fruits contain citric and malic acids abundantly, which will, with the help

of the atmospheric air, act upon the tin- (lead-) coated surface of the can, and become in consequence poisonous.

A piece of the can was tested with the blow-pipe, and the charcoal support became covered with the yellow oxide of lead. The plum-jam, which was the substance examined, had, after standing three or four days in the opened tin can, a very sour taste, and a nauseous, metallic after-taste.

To a solution in nitric acid there was added first, sulphuric acid, which gave a white precipitate of sulphate of lead; second, hydrochloric acid, which gave a white precipitate of chloride of lead; third, chromate of potassium, which gave a yellow precipitate of chromate of lead.

TWO CASES IN WHICH ESMARCH'S BANDAGE WAS APPLIED.

BY H. CULBERTSON,

Assistant-Surgeon U.S.A., Retired.

CASE I.—S. C., a young lad, aged 18 years. In January, 1872, took cold, and incurred a general inflammation of the periosteum of both tibiæ, which disease involved the lower epiphysis in both limbs, did not destroy the integrity of the left, but impaired greatly the motion of the right ankle. By free incisions and other treatment, the diaphysis of the left tibia was preserved; but, although the same means were employed with the other leg, the shaft of the right tibia became necrotic to a limited extent. A sequestrum formed about the medullary canal, small in diameter, and the entire length of the shaft. Here and there were dead portions of the surrounding tibia, in patches, one an inch square, which connected with the disorganized medullary canal, and through which were openings (sinuses) leading to the surface of the leg. The tibia itself was enlarged and hardened, but no new bone was deposited about it. The interior of the bone was irregular in outline, and there was quite a cavity at the upper end of the diaphysis, and the endosteum was destroyed. It would seem clear that there was in this limb endosteitis as well as periosteitis, that the endosteum and a very thin layer of bone around the medullary canal, with here and there portions of the entire thickness of the bone, were destroyed by the inflammation. During the last two years the internal dead bone became absorbed to a narrow portion (not over one-fourth of an inch in diameter), and the removal of its animal matter rendered it so brittle as to crumble upon light pressure between the fingers. There were six or eight sinuses, which discharged moderately. To remove these necrotic portions of bone, the following operation was performed, March 11, 1874, there having been previously improvised an elastic bandage six yards in length, and made of garter-elastic three-fourths of an inch wide, three widths being sewed together when the material was stretched:

The patient having been chloroformed, the bandage was applied tightly, and then the fillet above it, at the lower third of the thigh. An incision was then made along the middle of and down to the tibia, the periosteum separated, and, with a centre-bit and carpenter's brace, a round section of the bone was bored out at three different points along the tibia, and the intervals cut out between these with a bone-chisel, so that there was a gutter five and a half inches in length and three-fourths of an inch in width, which reached down to the internal cavity of the bone. All the diseased bone was removed and the cavity smoothed up with a gouge, and cleansed, and powdered alum thrown in freely, and finally it was lightly packed with dry cotton, a compress placed over the cotton, and a bandage over all. It required one hour to complete the operation, and scarcely any blood was seen during its performance. When the fillet was loosened, the bone bled for a few moments only. The next day the compress was removed, a simple bandage applied, and cold-water dressings employed. After the cotton separated, the cavity was dressed with flaxseed oil and carbolic acid. Acute pain in the limb followed for some days, but was controlled with free doses of morphine. The patient was given at once tr. ferri chloridi and quinine. No unfavorable complications resulted, and now (thirteenth day) the cavity is granulating, and the patient's general system is in good condition. The fever was controlled with tr. veratri viridis.

Drs. C. C. Hildreth and E. D. Safford, of this city, assisted in this operation.

Case II.—John W. S., æt. 32, incurred, August 29, 1873, a compound dislocation of the right ankle-joint from his foot becoming caught in some portion of a threshing-machine. The dislocation was reduced, but very active inflammation of the joint followed, and in ten days gangrene of the soft parts upon the outer side of the foot ensued, from the mechanical injury. The inflammation resulted in caries of the tarsus (excepting the os calcis) and the articular ends of the tibia and fibula. The joint was enlarged, and several sinuses discharged thin and unhealthy matter. The leg was much wasted. The general health of the man was not greatly impaired.

March 13, 1874.—The patient having been chloroformed, the bandage applied, and the fillet secured, with a view of excising the joint if possible, we made the external incision of Moreau over the external malleolus, separated the soft parts and periosteum, and sawed off the external malleolus. We found this and the fibula inflamed, softened, and carious as high as two inches and a half, also that the astragalus was carious and infiltrated with matter, and the other bones of the tarsus inflamed, and some of them softened; and subsequently that the tibia was diseased as high as the fibula. These facts having been ascertained, it was decided to amputate the limb, which was done at the point of election. During the operation scarcely a drop of blood was seen, until the fillet was removed. This patient reacted well, and I believe has done well since the operation.

Drs. E. Van Alta and O. M. Norman, of Uniontown, Ohio, assisted in this operation; also Dr. Axline, and a student, John Axline. The accident occurred in a distant part of Ohio.

ZANESVILLE, OHIO, March 26, 1874.

A CASE OF COMPLETE STRICTURE OF THE LARGE INTESTINE.

BY K. T. STABECK, M.D.,

Davis, Ill.

MRS. A., æt. 40 years, was treated for anteversion of the uterus for the past two years. For two months she wore one of McIntosh's supporters, but without any satisfactory results. Last October she was troubled with constipation of the bowels, and began to use various pills put up by patent-medicine men, with the result of irritating the mucous membrane of her stomach and intestines. This trouble increased up to January, 1874. At times she would be very constipated, and could pass nothing without the use of violent purgatives. There were also more or less swelling and tenderness on pressure. The symptoms increased, and

in the latter part of February she was seriously ill. There were very great tympanites, and frequent vomiting; food being thrown up almost always two or three hours after it was taken.

Cathartics and injections were administered, but gave no relief. For a period of two months she had no passage from her bowels. For seven months she vomited fæces every day. She failed gradually, but without apparent inflammation of the peritoneum or intestines, and died in March from exhaustion. Post-mortem examination revealed a complete stricture at the angle of the transverse and descending colon, where there was a fibroid growth, not ulcerated, and apparently springing from the coats of the intestines.

NOTES OF HOSPITAL PRACTICE.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. R. J. LEVIS.

Reported by J. B. Roberts, M.D.

SUICIDAL WOUND OF THE LARYNX.

A SAILOR while at sea endeavored to commit suicide by cutting his throat, but the attempt proved unsuccessful; and he was, after a few days, brought to the hospital for treatment. The incision extended across the throat at the level of the larynx, making a large oblique opening into its cavity. He has no voice except on closing the abnormal aperture, which is valvular, by inclining his head forward on his chest.

Suicidal attempts on the throat are generally cuts across the larynx or upper part of the trachea, where a mortal wound is not very likely to be inflicted, since there are but few important structures lying superficially in that region. The great vessels of the neck, emerging from the thorax behind the sterno-clavicular articulations, press obliquely backwards among the muscles, gradually receding from the surface; so that when an incision is made high up the knife does not strike any important artery, unless, possibly, the superior thyroid. Throwing the head violently backwards at the moment of making the suicidal cut, tends also to draw the cervical vessels back out of the reach of the knife.

If the cut is made across the lower part of the neck, division of the recurrent laryngeal nerve and of the inferior thyroid and carotid arteries may take place, from the latter of which profuse and fatal hemorrhage would follow.

The immediate and urgent duties of the surgeon in cases of cut-throat are to arrest arterial and venous hemorrhage; to free the trachea and fauces of clots of blood, inverting the body, if necessary, to facilitate their removal, and, should respiration fail, to resort energetically to means for artificially sustaining it.

Even if death do not occur from hemorrhage into the air-passages or from general loss of blood after cut-throat, there are still complications which may arise, of sufficient gravity to imperil the life of the patient. Inflammation that follows the injury may give rise to sufficient general tumefaction and œdema within the larynx and trachea to prevent the ingress of air to the lungs, and cause death from asphyxia, as in a case of cut-throat involving the larynx, in which Dr. Levis was obliged to perform tracheotomy thirty-six hours after the injury, to relieve such complication, which threatened the patient's life. After the possibility of this occurrence has passed, and the wound begins to heal, the formation of an inordinate amount of granulations or the contraction consequent upon cicatrization may again place life in jeopardy from obstruction to respiration, and necessitate the opening of the trachea.

Dr. Levis once saw a case of homicidal cut-throat in which the knife, having been drawn across the throat just above the hyoid bone, severed the anterior attachments of the tongue, to such an extent that the organ fell backward, covering the opening of the glottis, and producing almost fatal dyspnœa. This trouble was relieved by drawing the tongue forward with a hook, and retaining it in that position until sufficient union had taken place to preclude the possibility of its recurrence. There are also cases on record where the epiglottis, having been partially cut off, fell into the chink of the glottis, and caused death.

When this man was admitted to the hospital, about three weeks ago, the wound gaped so widely that deep sutures were put in to draw the parts together, and the head was bent forward upon the chest to keep the edges in apposition. The healing process has gone on favorably, however, and he can now talk quite well, though the external wound is not closed entirely, for the finger can be introduced between the thyroid cartilage and the hyoid bone. He says that he has no trouble, except that swallowing hard substances gives pain by the food, during its passage through the œsophagus, pressing against the inflamed larynx.

Although he is doing so well at this time, it is not improbable that he may hereafter have secondary trouble from cicatricial contraction causing narrowing of the windpipe and interfering with respiration. Should such constriction eventually occur, it may be dilated by the occasional passage of a bougie.

Permanent fistulous openings occasionally remain as a result of laryngeal or tracheal wounds, particularly when there has been loss of substance from the cutting away of fragments, as in repeated hacking with a razor. Constriction at the upper part of a wound, by impeding respiration, may also keep open a fistulous orifice below. When no such constriction exists, and there is no œdema within the respiratory tube, the edges of the fistule may be freshened and brought together by sutures; but if the superficial tissues be tense and cicatricial, a plastic operation by taking integument from the surrounding space may become necessary.

HYPERTROPHY OF THE PROSTATE GLAND, AND ITS COMPLICATIONS.

An old man complained of difficulty in emptying the bladder, stating that he suffered severe pain on commencing to urinate, and was obliged to strain a great deal to effect complete evacuation.

From the age of the patient, and as he had trouble in *starting* the stream of urine, it was conjectured that the trouble was dependent on a hypertrophied condition of the prostate gland. The prostate was accordingly examined by passing the finger into the rectum. By this manipulation the lateral lobes of the prostate were found to be greatly enlarged, filling up the pelvis like a fœtal head in the vagina, so that it was impossible to get the finger around the whole circumference of the gland. A catheter was introduced into the bladder to determine whether there was a corresponding hypertrophy of the third or middle lobe, which, if enlarged to any marked degree, may, from its situation, immediately within the neck of the bladder, present serious obstruction to the flow of urine.

In this case the third lobe was not increased in size so much as the other lobes, as was made evident by the comparative ease with which an ordinary metallic catheter passed into the bladder.

It is not at all unusual to find in old men prostatic disease and consequent urinary troubles; since, as the urethra passes through the substance of the prostate, any abnormal development of that gland must interfere

with the calibre of the canal. If one lateral lobe is enlarged more than the other, the urethra is pushed to the opposite side, acquiring a lateral curvature, while hypertrophy of the middle lobe produces a deflection upwards, or even a valve-like closure of the outlet of the bladder. The third or middle lobe lies in the median line somewhat *behind* the lateral portions of the gland: hence, if owing to supernutrition or other pathological cause its bulk becomes increased, it pushes upwards, forming a projection into the neck of the bladder just behind the internal orifice of the urethral canal, which is therefore pushed up towards the pubes. When the bladder contracts on its contents, this projection acting as a valve shuts up, to a greater or less extent, the aperture through which the urine should pass, and the bladder, being unable to empty itself, is more and more distended by the accumulating fluid, until its muscular fibres are paralyzed; and finally the urine constantly dribbles away in small quantities. This "incontinence of retention," as it has been called, may mislead the surgeon, and prevent his comprehending the necessity for catheterization, the neglect of which may induce fatal cystitis, or rupture of the bladder from over-distention.

There is frequently great difficulty experienced in passing a catheter into the bladder in such cases, for the urethra is distorted by encroachment of the hypertrophied prostate, and the point of the instrument is arrested by striking upon the anterior surface of the middle lobe lying directly in its path. It is, however, nearly always possible to overcome this obstacle by introducing the index-finger of the disengaged hand into the rectum and strongly pushing the prostate upwards, thus lifting its middle lobe up from the urethral orifice of the bladder. If the obstruction is produced by unequal enlargement of the lateral lobes deviating the urethra to one side, the same manipulation may straighten the deflected canal. This manœuvre is very effectual, and will frequently accomplish the required object, without rendering it necessary to employ any of the so-called prostatic catheters.

As the urethra is not narrowed, but merely tortuous, and possibly very dilatable, the catheter should be large and flexible or with an abrupt curve, so that its end may pass along the anterior surface of the urethra and over the obstruction presented by the middle lobe of the prostate. It is sometimes difficult to draw off the residual urine which lies in the lower fundus of the bladder behind the enlarged gland, and it may be necessary to raise the patient's hips to effect its complete removal.

The trouble of which this man complains is the straining and pain necessary for the expulsion of the water. This inconvenience can probably be palliated by over-dilatation of the prostatic portion of the urethral canal by means of conical flexible bougies. It must, however, be borne in mind that frequent catheterizing may produce great irritation, and that a catheter should never be allowed to remain for a length of time in the bladder.

The hypertrophied condition of the prostate gland cannot be diminished, but its temporary congestion and inflammation may be relieved by hot hip-baths, warm injections into the rectum, and rest in the horizontal position. The condition of elderly persons suffering with prostatic enlargement can be made tolerable by inducing them to avoid exposure to cold and remaining too long in the erect position; to abstain from stimulants and the use of stimulating diuretics; to refrain from indulging in sexual excitement; and to pay proper attention to the frequent and complete evacuation of the bladder, which is best effected in a prone or stooping position, so as entirely and habitually to drain the fundus.

BELLEVUE HOSPITAL, NEW YORK.

Reported by F. W. CHAPIN, M.D., House Physician.

A CASE OF ACUTE YELLOW ATROPHY OF THE LIVER.

EDWARD P., æt. 19; single; U.S.; drug-clerk; admitted December 23, 1873. Patient's father died of consumption; mother of a "flux." Patient's habits have always been very good. He denies venereal disease. Five years ago he had scarlatina. The attack was of short duration, and the recovery from it was complete. With the exception of this illness, and of an occasional cold, he was always well till two weeks ago, when he began to lose his appetite. He soon lost all relish for food, and his bowels became somewhat constipated. He took mild cathartics with relief. Still his appetite grew worse, and he weaker. During the day he had chilly sensations, which at night were replaced by slight febrile disturbance, with some sweating. He suffered no real pain anywhere, but had a sense of oppression in the epigastric and right hypochondriac regions. His food gave him no pain nor even nausea; there was simply loss of appetite. He did not notice the color of his fæces. One week ago it was noticed that the whites of his eyes were turning yellow. Shortly afterwards his skin began to assume the same hue. He gives no history of exposure to cold or moisture.

The above symptoms persisted up to date of admission, his weariness becoming greater, and his appetite remaining very poor.

On admission, the patient complains mainly of great weakness and loss of appetite, though his appetite is better than for some days past. There is marked jaundice of the skin and conjunctivæ. The urine is of a dark reddish-brown color, 1025, acid, contains bile; otherwise normal. The color of his fæces is not known. Pulse slow and tolerably full. Temperature normal. No pain, and only slight tenderness, in epigastric and hepatic regions. Lungs, heart, and spleen normal. Liver slightly enlarged.

December 24.—The patient's condition about the same. He had one discharge of clay-colored fæces last night. Case supposed to be one of catarrh of the bile-ducts. Urine high-colored, contains bile, 1022, acid; otherwise normal. Ordered pulv. aloes, gr. xii; ext. nuc. vom., gr. iss; ext. hyoscyamus, gr. vi. M. Ft. pil. no. vi. Sig.—One t. i. d.

December 27.—The jaundice persists. The patient still has no pain; complains only of weakness, and for this cause is obliged to retire at an early hour in the afternoon. Appetite is a little better. Three discharges last night of the same clay-colored passages. Urine still high-colored.

December 28.—The patient had some nausea yesterday, and has the same this morning. Ordered sodii bicarb. gr. x after each meal.

December 29.—Patient retired at an earlier hour than usual yesterday afternoon, complaining of great weakness; was aroused at 4 P.M. to receive medicine. This he did receive, but spat out immediately, and went off into a drowsy state. At 5.30 P.M. he was awakened and questioned, but his answers were incoherent. On being told to take his trowsers off, he tried to do so, but seemed to forget what he was about, and got into bed with them on. The condition being considered as due probably to cholæmia, an attempt was made to give stimulants, but the patient promptly transferred the dose from his mouth to the floor, and then sank back into his drowsy condition. During the night he vomited, became delirious, and had to be tied down in bed. A hypodermic of ♏viii of Magendie's solution was given. It was some time before this seemed to take effect, but finally the patient went into a state of semi-coma.

In this condition he is found this morning: pulse 80, respiration 20, temperature 99½°. Jaundice much more intense. No movement of the bowels since the evening of the 27th. Ordered, as a diaphoretic and diuretic, sps. ætheris comp. and liquor ammon. acetat., ʒss every hour.

P.M.—Pulse 92; temperature 99°. The above medicine was administered but once to-day, the patient refusing to swallow more. An injection brought away a small quantity of clay-colored fæces. During the injection the patient struggled deliriously, but immediately afterwards relapsed into the former state of semi-coma.

December 30, A.M.—Pulse 100; temperature 102°. Pupils slightly irregular. Pulse steadily increasing in frequency, but diminishing in force. Urine dribbles away in bed, staining the sheets yellow.

No evidences of extravasation of blood, or of hemorrhage. Liver has diminished somewhat in size. 4.30 P.M.—Pulse 140; respiration 48; temperature 105½°. Patient failing rapidly; cannot be roused. 6 P.M.—Tracheal râles; moaning expiration; pulse fluttering and indefinable. 8 P.M.—Patient dead.

Autopsy, eighteen hours after death.

Brain appears normal. *Heart* normal. *Lungs* congested, leathery. *Liver.*—Weight two and a half pounds; color natural; bile-ducts small and unobstructed, not bile-stained; gall-bladder contains a thin bile. *Abdomen.*—Ecchymoses in the omentum and mesentery; black fluid in the stomach and duodenum; fæces clay-colored. *Kidneys*—small, bile-stained; epithelium fatty; markings lost.

Microscopic examination of the liver showed the liver-cells to be in a state of complete granular degeneration.

TRANSLATIONS.

ON LANGUAGE, CONSIDERED AS AN AUTOMATIC PHENOMENON, AND ON THE EXISTENCE OF A PHONO-MOTOR CENTRE.—The importance of reflex action in the animal organism is in these days universally admitted. It can no longer be limited to movements determined by the spinal cord without the intervention of the brain, but must be held to include in a general way any transformation of a centripetal impression into a centrifugal reaction. In a word, perfectly exact and incontestable reflex actions are found even in the intellectual functions, and it is the object of this paper to point out their influence in the function of language.

It is of course understood that certain reflex actions are of a very simple nature,—as, for instance, those which may be induced in the lower limbs after a section of the cord quite low down.

As we ascend in the cord, however, the higher the section is made the more complicated and co-ordinated do the various reflex acts become, until, when the cerebral lobes only are removed, even such acts as flying, swimming, and walking, according to the nature of the animal experimented upon, may be produced by excitation of the centres.

Movements brought about under these circumstances may be said to be movements of necessity. Thus, a frog deprived of the cerebral lobes, and placed in water, seems forced to make movements of swimming.

Such movements may be regarded as being influenced by nervous centres situated beneath the brain and independent of it as regards mechanism, yet which are essentially passive unless stimulated to action by the will or by external irritation. Direct action of the brain on each muscle does not usually take place, but habitual voluntary movements are probably brought about by intermediary centres which attend, as it were, to the details.

Co-ordinative movements produced through the locomotor centres may be said to be either instinctive or acquired. An example of the first may be found in swimming with ducks, flying in the case of some birds, etc.

Of the second, we may instance such actions as placing the head under the wing during repose, since these are not performed by very young animals, but only by those older and more experienced.

Upon all such movements the will, as has been said, exercises only a general exciting and governing influence.

What is true of these general functions is also true of the language-function, for which there may be established, we think, a phono-motor centre similar to the locomotor centres above alluded to, and, like them, subject to the will. To be sure, the question is much more complex in the case of the phono-motor centre than in the case of the locomotor centres, since the nerves of impression in the former case are not, strictly speaking, sensory, and it would be difficult to demonstrate experimentally its existence and independence.

It is possible that the various reflex actions of instinct and education may be brought about by a sort of unconscious memory, which is nothing more than a frequently repeated impression which reacts on the motor cells and regulates proportionately muscular action. Having been impressed an incalculable number of times in a certain way, a given cell reacts in the same manner to an impression of a similar kind.

We believe that in language may be found all the characters of reflex acts of education. The various co-ordinating movements going to make it up are only brought about little by little, and after long education, but they are after all essentially the same as less complicated movements of co-ordination, such as those involved in walking.

In children it may be observed that the earliest efforts in language are the same among all nations, the movements being of the simplest kind. But in adults it is difficult to demonstrate automatic actions, since language with them seems constantly to be the effect of a voluntary and intellectual operation.

Occasionally, however, we may find manifest proofs of reflex action in language among adults, even in normal conditions. Take, for example, the recitation aloud of a piece of verse; how easy all goes as long as the lines follow one another in their usual order. But how difficult it is often, should a pause be made, to begin where we left off! It is necessary to go back to the beginning of the line or verse, and bring to our aid the cadence and rhythm.

How often do we find our usual expressions slipping out when they are least expected or desired! A friend salutes us with, "How d'ye do?" and our automatic reply of "Very well" comes out, even when it expresses an untruth which we are obliged a moment later to recant.

In abnormal conditions, as aphasia, these phenomena are still more marked. You say to certain aphasics, "How d'ye do?" they quickly reply, "Very well, thank you." "Repeat," you say to them a moment later, "the words 'Very well, thank you.'" In vain do they try: the words which were uttered automatically a moment before will not come now even at the urgent demand of the will.

Facts may be cited without difficulty to demonstrate, we believe, with considerable certainty, that there are as perfect reflex actions in the language-function as in other functions. If we bring to bear, then, in the case of this function the same laws which we know to hold good for the other nervous centres, we must admit that

there is a co-ordinating centre for language. The will does but give the order, the phono-motor centre sees to its execution.

The mechanism of the language-function may be compared to that by which a skilful musician translates his thoughts or those of some eminent composer into harmony upon the piano. So long as all his functions are properly carried on, all goes well; but should a lesion of the spinal or peripheral nerves, or of the locomotor or the intellectual centre, occur, the performance would speedily come to a stand-still.

It is just so with loss of speech, which may be brought about by exterior organic alterations, by alterations of the phono-motor centre, or by alterations of the intellect.

Nothing seems more logical than this assimilation of acts of phonation to other movements of co-ordination; and in admitting that there exists a phono-motor centre as there exist locomotor centres we do not believe ourselves to be enunciating a new idea, but only adding to the strength of an old one by means of recent physiological facts.

We do not say, moreover, that intelligence and will do not intervene incessantly in the act of language, but we have desired to prove that in this function there is, in addition to voluntary acts, a sort of automatism which is the result of education. This automatism has all the characteristics of that which exists for other functions, characteristics which consist principally in a reflex and almost necessary succession of phenomena, which are associated by habit, and in a functional activity, only receiving from the will a general excitation.

In a word, we believe that there exists for language that which exists for walking, dancing, playing on an instrument, etc.

(From the French of M. Onimus, *Jour. de l'Anat.*)

A. V. H.

THERMOMETRY OF THE UTERUS AND ITS DIAGNOSTIC SIGNIFICATION (Dr. Wilhelm Schlesinger: *Wiener Med. Presse*).—It has been stated that in some cases in which doubt existed as to the life or death of the fœtus, assistance was rendered by the use of the thermometer, and lately the assertion has been made that the scale of the thermometer would reveal the existence of pregnancy even in the earlier months. The two suppositions which follow give the basis of this statement: 1, that the temperature of the fœtus is higher than that of the mother; and 2, that the temperature of the pregnant uterus is higher than that of the vagina, this difference being due to an increment of heat produced and furnished by the fœtus. Schröder found a difference of 0.156° Centigrade between the temperature of the pregnant uterus and the vagina, while in similar observations of Winkel a variation of 0.13° to 0.16° Centigrade was observed.

If the fœtus dies in the uterus, not only is its influence as a source of heat done away with, but heat from the uterus is absorbed by the dead mass within. Schröder further noticed that in pregnant women the temperature of the uterus exceeded that of the axilla by 0.29° Centigrade, and in women in labor the difference amounted to 0.38° Centigrade; in the case of one woman in labor, whose child had died seventeen hours previously, there was a difference of but 0.02° Centigrade in temperature in favor of the uterus. From these results, when there was but a slight or no difference of temperature between the axilla and uterus, it would be inferred that the death of the fœtus had occurred. Schlesinger by his investigations has been led to quite different conclusions. He began his studies with the conviction that no conclusions could be drawn from the higher temperature of the uterus until it was established that it was due to pregnancy; and he endeavored to ascertain the variations in temperature between different parts of the body in women who were not pregnant. In ascertaining the temperature of the uterus, thermometers were used which conformed in shape to the curve of the pelvis, and, to avoid accidents from breaking, the instruments were enclosed in a silver sheath perforated with many holes. From his numerous observations Schlesinger concludes that the temperature of the non-pregnant uterus is on an average 0.19° Centigrade higher than that of the vagina, a difference corresponding very closely with that given by Schröder and Winkel as existing in pregnancy.

These results agree fairly with the ideas which prevail at present in regard to the production of heat in the animal economy. A muscle such as the uterus could not be inactive in this respect. It must also be remembered that organs which are supposed to be sources of heat are active in this respect proportionally to their size and labor. Theoretically, therefore, the uterus when actively engaged in expelling the fœtus should show a higher temperature than the same organ when at rest and quietly containing the product of conception.

Schlesinger does not wish to be regarded as asserting the contrary, but only that these differences of temperature cannot be used in making the diagnosis of pregnancy or of the life or death of the fœtus, since they exist as well in the non-pregnant woman. W. A.

TOXIC ACTION OF OXALIC ACID AND THE OXALATES.—At a meeting of the Société de Biologie, held January 17, 1874, M. Rabuteau presented a memoir on the toxic action of oxalic acid and the oxalates, and on the methods of their elimination from the economy. After detailing the results of several experiments with the oxalates of sodium, iron, and copper, as well as with the acid itself, administered in poisonous doses to various animals, M. R. described the method of action of this agent.

He remarked that it is impossible to see in oxalic acid a corrosive poison only: in fact, one might go further, and say that the local corrosive effects are *nothing*, the general action *everything;* and that it is this action alone which is the direct cause of death, even when this ensues shortly after the ingestion of the poison.

Death has also been observed to ensue quite rapidly, without either corrosion or any lesion of the digestive tube having been subsequently established. On the other hand, the experiments which had been detailed would show oxalate of sodium to be an energetic poison without possessing any corrosive qualities.

M. R. also drew attention to the similarity between many of the effects produced in poisoning by carbonic oxide and carbonic acid on the one hand, and oxalic acid (a chemical analogue) on the other. He also described some of the symptoms of oxaluria as coming under the general head of toxic effects of oxalic acid and oxalates, formed in the system.

Finally, he strongly deprecated the use of oxalic acid in medicine even in such form as the oxalate of iron, believing its employment to be fraught with danger.

A. V. H.

EXTRACTUM CASTANEÆ VESCÆ IN PERTUSSIS.—Dr. Ludwig Fleischmann states (*Wiener Med. Presse*) that during the summer and fall of 1873 he had numerous cases of whooping-cough under his care, and in the treatment of fourteen of these the extract of chestnut leaves was employed. The extract used was prepared after the formula suggested by Maisch. In some of his cases he obtained good results from this treatment, and thinks that it is most suitable in cases in which there is but little bronchial secretion, and in which the spasmodic character is well marked. W. A.

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, MAY 2, 1874.

EDITORIAL.

TO THE COUNCIL OF THE AMERICAN MEDICAL ASSOCIATION.

GENTLEMEN: At the last meeting of the American Medical Association, that august body very wisely created a council to determine all questions of an ethical nature, and with equal wisdom, we trust, elected you to the high trust. At a meeting of your body held May 9, at the close of the morning session of the Association, you appointed a sub-committee, consisting of Drs. N. S. Davis, R. S. Gales, and L. S. Joynes, to report upon a revision of the Code of Ethics to a meeting of your general body to be held upon the first Tuesday of June next. On behalf of a large number of physicians, the editors of the *Philadelphia Medical Times* desire to call your attention to the subject of professional advertisement. In doing this we do not presume to offer any general rules or principles for your guidance, but we do most earnestly request that whatever restrictions bind one section of the profession shall also bind all sections; that whatever load is laid upon the profession shall press equally upon all shoulders; that there be not, as at present, a class which, by a liberal construction of the code, is allowed to advertise or to be advertised, whilst others less favored are shut off from the privilege. If, as is now the case, the use of the great modern lever, advertisement, is permitted to some and denied to others, how can you expect those who are debarred to yield other than a discontented loyalty to your Code of Ethics and to the American Medical Association? Further, we would most respectfully submit that the debarred are the great bulk of the profession, and that loyalty discontented from just causes inevitably slides towards rebellion.

The Code of Ethics forbids physicians to advertise, and we respectfully request that the sections bearing upon this point be extended so as to apply to all alike, or else that they be stricken out and every man left to the dictates of his own reason.

As it is to-day, John Thompson, oculist, is not permitted to announce himself in the daily papers as such, and by the strict rules of the American Ophthalmological Society is not even permitted to place "oculist" upon his door-plate; whilst John Smith, physician to Round-the-Corner Dispensary, has his card as a specialist put in for him day after day, in a displayed type, which savors strongly of the patent-medicine trade. We have previously dilated upon this anomaly; to-day we have only space to denounce it as an injustice which must eventually lead to jealousy and bitterness, to bickerings and strife, or to the grievous multiplication of dispensaries, since each specialist will try to be even with his friends by founding an institution which shall advertise him within the code.

As proof of what we have said, we offer you below an exact fac-simile of an advertisement cut from the *Philadelphia Inquirer* for April 17, 1874; and we ask whether it would be possible for the personal cards of the gentlemen concerned to be put in the newspaper under more advantageous circumstances:

MEDICAL.

ORTHOPÆDIC HOSPITAL AND INFIRMARY for Nervous Diseases, No. 1701 SUMMER Street.—Service for Deformities, Tuesday, Thursday and Saturday at 12 o'clock, by Dr. MORTON, No. 1421 CHESTNUT Street, and Dr. GOODMAN, No. 1427 CHESTNUT Street.

Service for Diseases of Nervous System on Monday, Wednesday and Friday at 12 o'clock, by Dr. WEIR MITCHELL, No. 1332 WALNUT Street.

We do not blame, and we do not think the profession has at present the right to blame, the gentlemen concerned. Putting the least favorable construction upon the matter, they have simply taken advantage of an established custom for their personal advancement; putting the most favorable construction, they have only allowed their names to be used for the good of the hospital. So far as this city is concerned, the responsibility, if there be any responsibility at all, rests with the staff of that hospital which still holds the first rank among our institutions, and which originated and has persistently maintained the custom,—namely, the Pennsylvania Hospital.

We do not mean to impugn the motives of those concerned in these hospital-advertisements,—their motives are, indeed, no business of ours,—but the *fact* remains that for all practical purposes such advertisements as that here copied are personal cards, and that the specialist can have no better announcement in the daily press.

These things being so, certainly it is but proper and right that the subject should have a careful consideration by you, the highest chamber of medical ethics in the country; and we are justified in calling your attention to it.

NOTHING in this world succeeds like success. Last fall we had occasion to comment upon the exceedingly ill-advised, and meant to be damaging, attack by the *Medical and Surgical Reporter* upon *Doctor* William Pancoast, then engaged in a very bitter canvass for the position he now holds. To-day we record a very flattering editorial from the same pen, to *Professor* William Pancoast. "Consistency, thou art a jewel!"

PROCEEDINGS OF SOCIETIES.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY, NEW YORK.

SEMI-MONTHLY MEETING, MARCH 11, 1874.

THE PRESIDENT, DR. JOHN SWINBURNE, in the chair.

DR. JAMES MCNAUGHTON presented a report and resolutions as chairman of a committee in regard to the death of Drs. J. F. Townsend and Peter Van Buren, former members of the Society.

Dr. S. H. FREEMAN also made a report relative to the death of Dr. J. H. Lasher, a junior member of the Society. Both reports were adopted and ordered entered on the minutes.

The names of Dr. R. F. Burton, of Knowersville, and Dr. George W. Papen, of this city, were proposed for membership.

SENILE HYPERTROPHY OF THE PROSTATE.

Dr. JAMES S. BAILEY read an interesting paper on this subject, of which the following is an abstract. He said that writers differ materially as to what constitutes hypertrophy. The whole subject seems to be but little understood. The adult prostate is usually described as being about the size of a chestnut, and as ranging from four to six drachms in weight. According to Sir Henry Thompson, the average weight may be estimated at from four and a half to four and three-fourths drachms. Dr. Messer, in one hundred dissections of prostates from subjects about 60 years of age, gave four drachms and fifty-seven grains as an average weight.

The measurements as given by Sir Henry Thompson also nearly correspond with the researches of Gross, Hodgson, Senn, and Deschamps: viz., from the base to the apex between 1.3 inches and 1.8 inches, transverse measurement 1.75 inches, thickness .7 inch.

Hypertrophy is common in men advanced to 50 or 60 years of age, though it does not always occur.

The enlargement may be caused by the tissue increasing in its formation, and not by inflammatory action. A prostate weighing seven drachms is considered hypertrophied. This condition is indicated by a fulness of the parts.

The result of enlargement is to obstruct the flow of urine, although in some instances urine is voided involuntarily.

The enlargement of the median portion shortens the curve; when one lateral lobe is unduly enlarged it gives a lateral curve to the course of the urethra, and *vice versa*. The symptoms are not always at once discerned, but a period of several years may intervene before micturition is obstructed.

One of the earliest symptoms is a diminution in the force of the stream of urine, and when an effort is made to expel it a hesitation to flow is experienced. The size of the stream may not be diminished, but the force cannot be much augmented by a strong effort. In some cases additional straining to void urine increases the difficulty. The desire to urinate is increased, and the ordinary satisfaction after emptying the bladder is not experienced. There is also an uneasiness experienced about the rectum and perineum. The urethra also sympathizes, as is manifested by a smarting soreness which extends to the glans penis. When the bladder is distended above the pubes there is dulness on percussion, and a tumor may be felt. In the latter stages the patient is compelled to lean forward and support his head against some object in order to make the urethro-vesical orifice the most dependent portion of the bladder.

The kidneys become embarrassed in their functions, and the urine is backed up through the ureters, and uræmic poisoning is induced, which results fatally.

The urine changes in appearance; it becomes tenacious and stringy from mucous deposits, and is often mixed with pus and the triple phosphates. The odor is fetid and ammoniacal. The chemical reaction is at first neutral, afterwards alkaline, with high specific gravity.

Microscopically may be found blood- and pus-corpuscles and epithelium. Among the crystals are seen the triple phosphates of magnesia and ammonia, besides granular matter and crystals of uric acid and oxalates. Albumen is generally absent, unless introduced by blood or pus, or unless the kidneys are invaded by disease.

The causes are obscure. The following are the most prominent: habitual constipation, horseback-riding, old age, irritation from vesical calculus, stimulating diuretics, intemperance, cold, gout, rheumatism, external violence, use of catheter, chronic diarrhœa, repeated attacks of gonorrhœa, etc.

In youth the prostate becomes enlarged by interstitial plastic effusion, the result of inflammatory action. In age there is an unnatural development of the gland.

The treatment consists in relieving congestion and pain, and in quieting the disposition to pass water. Relieve the bladder by free exit of urine. Hot hip-baths are always acceptable and beneficial in every stage. Opium is also indicated. If these remedies do not relieve, then resort to the catheter without delay.

Dr. Bailey much preferred a silver catheter,—a No. 10, and 14 inches long. Its curve should comprise one-fourth of a circle, measuring from four to five and a half inches in diameter.

The largest instrument the urethra will admit is the best, and less liable to make a false passage.

Reference was made to Dr. Squire's vertebrated prostatic catheter, but, as the doctor had not had experience with it, he referred it to other members of the Society to speak of its merits. Three cases were given to illustrate the paper, as follows:

Case I.—William Smith, æt. 72, machinist, took cold, and had difficulty in urinating. July 7 he failed entirely to micturate, and the catheter was introduced with difficulty. About three pints of dark, bloody urine escaped, which only partially relieved the pain, which he described as being across the loins and shooting down the thighs. It was with difficulty that he could get in or out of bed, or change his position while in the recumbent posture.

His urine remained tinged with dark blood until the 22d of July, when a failure was made to empty his bladder, owing to the eyes of the catheter (which were small) filling with dark decomposed fetid blood.

Dr. Swinburne was then consulted, and by the use of a No. 11 silver catheter with large eyes the thick, bloody urine was evacuated, and then by means of a fountain-syringe attached to the catheter the bladder was washed out alternately with warm and cold water. Upon the next catheterization the urethra seemed shortened more than an inch, and the urine escaped clear, with occasionally a coagulum of blood. About this time he manifested symptoms of uræmic poisoning, was delirious, and had spasms. After washing out the bladder twice each day these symptoms improved for one week; at the expiration of which time his appetite began to fail, and he died August 3.

Necropsy, twenty-four hours after death. Rigor mortis marked. Abdomen: liver somewhat enlarged, edges rounded; ductus communis choledochus occluded; gall-bladder small, containing a few calculi and a drachm of mucus; pancreas thickened and quite hard on section, normal in appearance; spleen healthy; right kidney healthy; left kidney—the supra-renal capsule enlarged to the size of the kidney itself, presenting on section a granular look, and of a pale color, had the appearance of a morbid growth; kidney itself disorganized, with only two or three pyramids remaining; ureters not affected; bladder-walls considerably thickened; half an inch from the mouth of the urethra a longitudinal elevation, an inch or more high, composed of the hypertrophied third lobe of the prostate gland, so situated as to fall as a valve across the mouth of the urethra; it was congested, was soft and rather friable, and contained two or three perforations; prostate enlarged to two inches antero-posterior diameter, and a little more than two inches in the transverse diameter; urethra normal throughout, except at the external orifice, where there was stricture with dense tissue; alimentary canal normal; thorax not examined.

The urine was examined on July 11, and found alkaline, of low specific gravity, containing an abundance of albumen and blood-globules on microscopic examination. July 25, it was again examined, and found strongly alkaline and of ammoniacal odor, with a slight amount of albumen, and depositing triple phosphates and phosphate of lime.

Case II.—J. E., attorney, æt. 68. Health always good, but for the last few years has had some difficulty in micturition. Has never required medical aid until May 7, when he suffered from retention of urine, which was relieved by catheterization. His urine dribbled away from the distended bladder without relief, until May 11, when Dr. Hun was called. His abdomen was tympanitic; he had hiccough, with rapid and feeble pulse. The left leg was œdematous, and mottled up to the middle of the thigh. No induration could be felt in the course of the femoral artery. Through the aid of the catheter one quart of bloody urine was drawn off, followed by an ounce of clear blood, which afforded great relief.

May 12.—No hiccough, and less distress. The catheter was introduced, but no urine followed when withdrawn; the eyes were obstructed by clots of blood. An injection was then used, of warm water, to clear the eyes of the catheter. Up to May 18 the urine was drawn off three times per day, and was much clearer. The patient seemed bright and better. The œdema of the leg continued, but was soft, and the superficial veins were more marked, and were everywhere visible.

He died May 21.

Necropsy, twenty-four hours after death.—Head not examined. Thoracic and abdominal viscera normal, except the bladder, which was distended with bloody urine and some firm clots of blood. All three lobes of the prostate were much enlarged, and there was some ulceration at the upper and posterior portion of the middle or third lobe, from which the hemorrhage must have taken place.

Case III. has unusual interest, from the circumstance that the subject was the eminent surgeon Dr. Alden March. He had suffered many years from irritable bladder and hypertrophied prostate. Any unusual excitement, such as the performance of a hazardous surgical operation, was sure to increase this disturbance.

More than fifteen years ago, while travelling in Switzerland, he met with an accident while descending Mount Righi,—slipping on a rock and striking the lower part of the abdomen on a projecting point. The injury was severe, and confined him to his room in Lucerne several days, with local symptoms. Before this time he provided himself with a urinal, and, when travelling, kept it at hand night and day. Some time later he met with another accident in running up the steps of a railroad depot: tripping on a step, he struck heavily on the edge of the platform. He suffered very much at the time, and was exceedingly alarmed. Speaking of the accident, he said, "I thought that I had killed myself: that I had ruptured my bladder." He never entirely recovered from this injury.

A few weeks before his death he made the journey to New Orleans to attend a meeting of the American Medical Association. On his way home he travelled night and day continually, which undoubtedly did him much harm, although upon his return he resumed his business and attended to distant calls.

After a fatiguing ride through rain and cold in the country, he returned home quite ill, with fever and a constant desire to void urine. He used cathartics, followed by opium, together with warm baths, which afforded him relief for the time being, and from this attack he partially recovered, and in a few days at the hospital performed a difficult operation.

From this time his health broke down, and his decline was quite apparent; he was not enabled to do much more practice.

On June 6 he attended church, and remained during the service, but was in great distress from the old trouble, and at the close of the service he rushed from his seat to the closet adjoining the lecture-room and partially emptied his bladder. He remarked to a friend, "I never suffered so much pain in all my life; I could not have borne it another minute."

From this time his professional labor ceased, and he sought retirement at the house of his son-in-law, to avoid the annoyance of consultations.

The urine dribbled away an ounce or two at a time, and no effort was made to introduce the catheter until some time after the 6th of June, some eleven days before his death, as he died upon the 17th of the same month, aged 74 years.

When an effort was made to introduce the catheter, it was passed up its whole length without entering the bladder. Blood coagulated in the catheter, no urine passed through it, but some passed external to it, and some followed its withdrawal.

Again, a few days before his death, another effort was made, when the patient was anæsthetized; the catheter was again passed its full length, when it met a firm, resisting body, and again the effort was unsuccessful.

About this time symptoms of uræmic poisoning commenced, and finally hiccough, delirium, and stupor set in, and the great surgeon closed his eyes in death.

Autopsy.—Body well nourished. Palpation of the abdomen revealed the presence of a hard, globular tumor occupying the hypogastrium.

The abdomen was laid open by a crucial incision. The abdominal walls contained a considerable layer of adipose tissue, and the muscles presented a healthy color.

Upon turning back the flap, the bladder was found to be distended, and occupied the hypogastric region from the pubes to the umbilicus, the fundus being a little to the left of the median line. There were some old adhesions between the omental and vesical peritoneum. A trocar was introduced into the anterior portion of the bladder, and rather more than a quart of slightly turbid urine was drawn off. A longitudinal incision having been made along its anterior walls, the internal surface of the bladder was brought into view, and was found to present the reticulated appearance usually met with in cases where obstruction has been offered to the free flow of urine, but there was no abnormal thickening of the walls of the organ. A deep depression existed behind the prostate, owing to the enormous hypertrophy of this gland. A catheter was now introduced through the urethra into the bladder without difficulty. The bladder, with the prostate and a part of the membranous portion of the urethra, was removed from the body in a mass, and the prostatic enlargement was now well shown, and appeared mainly due to hypertrophy of the two lateral lobes.

A catheter was passed from the bladder into the urethra until it emerged externally, and then the incision already made along the anterior wall of the bladder was prolonged downward through the upper wall of the urethra, the catheter serving as a guide for the knife. This having been done, it was found that, although the prostatic portion of the urethra was laid open, yet the membranous portion remained uncut. It was also observed that the connective tissue lying anterior to the prostate gland and neck of the bladder was stained and infiltrated with blood, although there was no evidence of any urinary infiltration. The middle lobe of the prostate was enlarged in such a manner as to form a cul-de-sac just below the vesical orifice of the urethra. The kidneys were rather larger than usual, and contained several cysts filled with a straw-colored fluid, which cysts were situated in the cortical substance and projected beyond the surface of the organ. The pelves of both kidneys were enlarged, but whatever fluid they may have contained escaped unnoticed when the ureters were divided. The renal tissue appeared somewhat congested, but was otherwise normal, and subsequent microscopic examination showed no alteration of the Malpighian bodies or uriniferous tubules. The other abdominal viscera presented nothing abnormal.

The head and thorax were not examined.

Dr. A. VANDERVEER presented pathological specimens of *enlarged prostate*, and gave the history as follows:

W. H. J., æt. 66, good habits, shoemaker, health usually good. December, 1873, noticed some trouble in passing his urine, with a constant desire, and without the ordinary satisfaction after doing so. On the 12th he could not pass his water. The doctor was then consulted. He had but little pain; abdominal tumor well marked, reaching up to the umbilicus. An attempt had been made during the day to pass a gum-elastic catheter, but no urine followed its use. After injecting the urethra with warm oil, Dr. Vanderveer passed, with ease, a No. 12 silver catheter, and drew off about two quarts of urine. The use of the catheter was continued for two weeks, twice daily. After this, and for the next twelve days, he voided urine with comparative ease. At this time he was attacked with acute bronchitis, and it became necessary to employ the catheter two or three times daily to relieve the bladder.

A thorough tonic course of treatment was adopted, but he gradually sank, and died February 10, 1874. A week previous to death, a trace of albumen could be found in his urine, but no casts.

Post-mortem, twelve hours after death.—Head not examined. Organs of the thorax in a healthy condition; abdominal organs healthy, excepting kidneys and bladder.

The kidneys were very much enlarged; capsules adherent, and glandular structure much congested. The bladder contained a pint of ammoniacal urine; walls thickened, and mucous coat covered with arched and crossed columns of tissue.

The middle lobe of the prostate gland was enlarged in such a manner upward and forward that when the bladder became at all full, this hypertrophied tissue acted as a valve, preventing the exit of urine, and accounting for his inability to empty his bladder.

Dr. VANDERVEER further remarked that he had had better success in relieving retention of urine due to hypertrophied prostate by the use of the olive-pointed catheter, and then referred to an idea gained from Dr. Gourlay, of New York, who had obtained it from Sir Henry Thompson. The gum-elastic catheter should be immersed in warm water first, and the desired curve given it, when it should be immersed in cold water, which would harden it, when it can be introduced, and by the time it meets with the obstruction the point softens and glides over it.

Dr. JAMES MCNAUGHTON thought more depended on the practised hand of the operator than on the instruments; there was a great deal in tact. He expressed his appreciation of Dr. Bailey's paper, and remarked that his views entirely corresponded with his own experience.

The PRESIDENT spoke of the peculiarity of Dr. Bailey's case and of one other he had seen with Dr. Vedder, of Schenectady, in regard to the bladder filling up with blood which was dark and very fetid; he had never witnessed the like before.

Dr. THOMAS BECKETT mentioned a case having recently come under his observation, of a boy with a full bladder having been kicked by a horse. The next day no urine could be obtained until a stream of water was injected, which had the effect of breaking up the clot which had formed in the bladder.

The discussion was further continued by Dr. S. H. FREEMAN and others, after which the Society adjourned.

REVIEWS AND BOOK NOTICES.

FIFTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF MASSACHUSETTS. Boston, January, 1874. Wright & Potter, State Printers.

The Fifth Annual Report of the Massachusetts State Board of Health lies on the table before us, and, while we cannot afford space to analyze it, we have both the will and the ability to commend it. There are without doubt some papers in it which it would require the wisdom of Solomon to discover the usefulness of, but on the whole the volume is a decided success. From it we learn that the expenses of the board for the year have been only $4347.75,—a sum which we judge is not more than the annual levy laid by the patriot Benjamin upon his custom-house appointees for the purpose of influencing the free and independent voters of the Bay State. Surely the taxpayers cannot complain. Among the

various papers contained in the five hundred and fifty pages of this goodly volume we have been especially attracted by one on school hygiene, by Dr. Fred. Winsor, of Winchester. Circulars containing a number of questions were sent by him to various persons, and replies were received from one hundred and sixty individuals; one hundred and fifteen of whom are physicians, and twenty teachers or school superintendents. As bearing upon the question of "sex in education," we notice that seven-tenths of the correspondents answer that girls are more liable than boys to be injured in health by schooling, and eighty-seven one-hundredths state that this liability greatly increases at puberty. Dr. Winsor further asserts that seven-eighths of the female teachers suffer from the present system, and in a very delicate manner proposes that the school system should be so modified as to allow absence or mitigation of study during menstruation; at least this we believe to be his meaning, for he sacrifices perspicuity to modesty. As the boys would soon probe any such change to the bottom, we can well imagine the sly winks and hints, and even the broad jokes, which Sallie or Katie being "off lessons this week" would give rise to.

A TREATISE ON PHARMACY, designed as a Text-Book for the Student and as a Guide for the Physician and Pharmacist. By EDWARD PARRISH. Fourth Edition, enlarged and thoroughly revised, by THOMAS S. WIEGAND. Philadelphia, H. C. Lea, 1874.

"Parrish's Pharmacy" is a book too well known to need any notice from us. Its aims and its successes, its strivings and its failures, have been seen of all men, and our readers know as well as we do that its chief value is to the pharmacist, and that it appeals almost solely to those members of our profession whose circumstances of practice force them to attend to pharmacy. Mr. Wiegand appears to have done his work carefully and conscientiously. Indeed, he has rewritten much of the first part of the book, and altered and added to other portions of it, so that the size of the volume has been increased about one hundred and fifty pages. To those who need a treatise on pharmacy we can commend the work, as it now stands, as the most complete and satisfactory in the language.

GLEANINGS FROM OUR EXCHANGES.

CINCHONIDINE AS A FEBRIFUGE.—An Indian journal, published in the centre of the tea-districts, has the following observations:

The report of the Madras Commission, dated 15th June, 1868, sums up the result as follows: Most of the medical officers employed in using the alkaloids seem fully impressed with the belief that they are equally or very nearly as efficacious as ordinary quinine, and the mass of information furnished in the tabular reports published proves that such belief is well founded. It has been shown that the total number of fevers treated by the new alkaloids and chemically-pure quinine is 2572, of which only twenty-seven are stated to have failed, and of these no less than eleven were at Labuan. The failures, it will be observed, are but a little in excess of one per cent. of the aggregate number treated, which is certainly a most favorable result, especially when it is known that many of the patients are saturated with malaria and ill fed, as evidenced by their enlarged spleens and emaciated condition. In regard to the relative effects of the three new alkaloids, and with them chemically-pure sulphate of quinine, the evidence derived from their use shows that, with the exception of sulphate of cinchonine, as already stated, they in a remarkable degree so closely resemble each other in therapeutical and physiological actions as to render distinctive description of little or no practical utility. In reviewing the whole of the operations for testing the therapeutical effects of the cinchona alkaloids, the result confirms generally the favorable opinion expressed by the Commission last year, and likewise conclusively establishes beyond doubt that ordinary sulphate of quinine and sulphate of quinidine possess equal febrifuge power; that sulphate of cinchonidine is only slightly less efficacious; and that sulphate of cinchonine, though considerably inferior to the other alkaloids, is, notwithstanding, a valuable remedial agent in fever. . . . Dr. Jackson's experiments extended over no less than 564 cases. "These alkaloids are all," he says, "possessed of highly antiperiodic properties in malarious fever. They were given in the above number of cases without one fatal termination. It is true that the fever, though generally prevalent among the prisoners, was of a very mild type; the fact, however, remains that the average duration of treatment was about six days" (here Dr. Jackson omits to reckon the large numbers cured by single doses), "and such a result can only be accounted for by following the very marked specific effects of the alkaloids administered. I much doubt if such a result could be obtained by the administration of any other of the well-known antiperiodics, always excepting the *facile princeps*, sulphate of quinine itself." Dr. Fogo writes: "In small doses all the alkaloids produce the same therapeutic effects,—that is, as tonics, antiperiodics, and antineuralgics. Hypodermically and internally they have proved successful. In large doses they are all equally energetic, and produce their effects rapidly. They have been successfully used as antiperiodics and febrifuges. We have now three alkaloids in addition to quinine, all of great power. Quinine appears to be the most active and certain in its effects, and from long-established reputation it is not likely to be superseded by any of the other alkaloids, at least not until they become more known. *In many constitutional peculiarities where quinine cannot be borne, these alkaloids will be found good substitutes, and they can all be substituted for each other.*" "In conclusion," says Dr. Bensley, "I beg to say that I look upon quinidine, cinchonine, and cinchonidine as valuable additions to our small stock of antiperiodics, worthy of as much, if not more, confidence than quinine has obtained; one of them, quinidine, having proved itself more successful than quinine, and another, cinchonidine, having secured for itself a position perhaps the most exalted of all, inasmuch as it has afforded us a good febrifuge for cases which from peculiar susceptibilities were opposed to the administration of quinine. So much convinced am I now on this point, that I should feel quite content were I for the future left to deal with all my fever-cases with no other preparation than quinidine and cinchonidine." Dr. Jackson, of Meerut, thus concludes his report: "Of the three alkaloids I am of opinion, and my native doctors are the same, that cinchonidine is by far the most valuable." Dr. Fogo, also at Meerut, observes, "Cinchonidine is in many respects as energetic as the others, and one thing greatly in its favor is that the physiological effects it produces are not so powerfully manifested, and pass off very quickly." Dr. Staples (19th Foot), of Nowshera, says, "It was not found in intermittent fever so efficacious as quinidine, but, like that drug, was a useful tonic in convalescence." Dr. Bensley, of Midnapore, whose therapeutical report treats mainly, and his statistics entirely, of the collective value of the alkaloids, makes the following distinctive remarks of cinchonidine: "It is admirably suited to those cases requiring a tonic or febrifuge, in which at the same time there is a great tendency to diarrhœa, or diarrhœa already exists. Among the cases will be found two in

which quinine produced irritation of the bowels, but cinchonidine was well borne. None the less valuable is it, in consequence of the mildness of its influence on the nervous system, in those cases which, from peculiarity of constitution, are ill able to bear the more powerful alkaloids." Dr. Bensley concludes by saying, "I have used cinchonidine extensively in the fevers of children, on account of its mildness, and because it is less liable to produce head- and bowel-disturbance than other alkaloids. Upwards of thirty of my cases were children varying in age from one to nine years. I have such confidence in it that it is now the only preparation I prescribe for children."—*The Journal of Applied Science.*

THE INFECTION OF SMALLPOX.—Dr. Zuelzer, of Berlin, has just published the results of some experiments which he has made on monkeys (cercopithecus) with variolous matter. About a drachm of blood from a severe case of smallpox, and about the same quantity of pus from the mature pustules of another case, were made into small balls with bread-crumb and given to two monkeys. Both remained well. Ten days later, the hair was cut, without injuring the skin, from a part of the back of one of these monkeys. A piece of charpie charged with variolous pus was laid on the spot, covered with a watch-glass, and secured by strips of adhesive plaster, till the end of three hours, when it was removed and the place washed. No infection followed. Twelve days later, some blood from a severe case of variola was inoculated into several parts of the back and inner surface of one of the thighs of the same animal. The blood used contained a very large number of globular bacteria. On the sixth day after the inoculation, the temperature began to rise, the normal in the rectum being in the morning about 100.4° Fahr., and in the evening 102.5°; and on the seventh day it was 105.5° to 106.4°. The animal lost its appetite, but this returned on the ninth day. Red spots appeared in great abundance on the rump, and single ones on the back, on the inner surface of the thigh, and on the mucous membrane of the fauces; they soon developed into papules, some of which became flat pustules, which soon burst. To test the possibility of conveying infection through the breath, a quantity of desquamated epidermis from smallpox patients, and small pieces of linen impregnated with their blood and pus, were used. These were placed in several small gauze bags in a wooden cage, which was often shaken. A small wire basket filled with the same materials was also given to an animal to play with. It sickened on the fifteenth day, presenting the same symptoms as in the former case. Dr. Zuelzer arrives at the following conclusions: 1. The blood of variolous patients is infectious. 2. Infection does not take place through the digestive apparatus, nor, probably, through the sound skin. 3. Infection takes place through inoculation, and also through the respired air, when this is sufficiently charged with the poison.—*British Medical Journal.*

CHLORAL HYDRATE SUCCESSFULLY USED IN TETANUS.—Dr. Coryllos, of Patras, in Greece, published a case of this kind in the *Allgem. Wiener Med. Zeit.*, No. 2, 1873, and now the same author records two similar cases, one under his own care, and the other treated by Dr. Basilin. The latter case relates to a woman of forty, who had wounded her finger with a splinter, which she removed herself. Tetanus occurred one month after the accident, and she had more than ten general attacks in the twenty-four hours. Sixteen days after the first tetanic symptoms the patient removed from the wound a bit of splinter, the size of a pea, which had been left in it unobserved. The usual narcotics having failed, chloral was tried, and succeeded. Altogether three ounces and a half were taken in twenty days.

In Dr. Coryllos' case a man of forty had his left temple wounded by a pointed piece of reed. Tetanus supervened, and here, again, a portion of the foreign body was removed twelve days after the accident. He had at first fifteen-grain doses of chloral, and improved much upon them. But the tetanus recurred with renewed severity, and the chloral was pushed as far as one hundred and twenty grains per diem. The patient completely recovered, and had taken, in about thirty days, six ounces of chloral.

PUTRID POISONS.—Dr. Kehrer, after detailing (*Archiv für Experiment. Patholog. und Therap.*, 1874) a number of experiments in which various fluids of a putrid nature were injected into animals, gives the following conclusions: 1, the putrid fluid is not soluble in water, but remains in it in a state of suspension; 2, after exposure to heat (boiling) for fifteen to twenty minutes it loses its power; 3, cold has no influence; 4, at the point of injection there arises, according to the size of the dose, more or less diffuse inflammation, followed by acute fever, and frequently gastric catarrh; 5, in rabbits doses of .8 to 1.6 centimetres of putrid fluid frequently cause death; larger doses do so invariably. Occasionally this ensues within one or two days, but sometimes only after suppuration prolonged to fourteen days.

On cutting open animals which have been killed quickly, a strong, putrid odor is very perceptible, particularly at the point of injection.

The heart and vessels are full of thick blood. Local and surrounding tumefaction of the gastro-intestinal mucous membrane is found, together with watery or slimy contents of the intestinal tract.

TEPID BATHS IN THORACIC AFFECTIONS.—Touplet (*Arch. Gén. de Méd.*) gives the results of his observations as to the influence of baths of a temperature of about three [C.] degrees less than that of the body (bains tièdes) upon patients with maladies of the chest, more particularly those affected with phthisis. He placed patients with this disease in baths of the temperature stated, and allowed them to remain immersed for from twenty to forty-five minutes. He found that after the bath the frequency of the pulse and the temperature were less than before, and that this reduction was more marked in those cases in which the frequency of the pulse and the temperature had previously been much above the normal figures. Good effects were also manifested in reducing the night-sweats and nervous excitement, and in increasing the appetite.

THE ACTIVE AGENT OF ERGOT.—Dr. A. Wernich has recently made some investigations in the Berlin Institute, in regard to the active principle of ergot. He finds that the watery extract is far more powerful than either the alcoholic or the ethereal extract. The watery extract, when purified by alcohol and ether, forms a mucous or slimy mass which cannot be dried. The active agent appears to be of the nature of an acid soluble in alcohol when pure, but insoluble when in combination with bases.—*London Lancet.*

DR. BERKART requests us to state that he lately injected weak solutions of carbolic acid through the thoracic parietes into the lung in a very bad case of phthisis at the Tottenham Hospital. The effect produced was most striking. In a few minutes after the operation, which is said to be quite painless, the patient was "sitting up in bed comfortably, eating an egg." In Germany, Koch and Mosler have recently published observations on this subject, but Dr. Berkart informs us that he had suggested the idea as far back as 1872.—*London Lancet*, March 28, 1874.

MISCELLANY.

HYRTL'S RESIGNATION.—On the 16th of March of this year Prof. Hyrtl withdrew from the Chair of Anatomy in the University of Vienna, to the reputation of which he has by his labors contributed so much. Some years ago Hyrtl expressed a desire to free himself from the arduous duties which devolved upon him as professor, and, although he had repeated this desire from time to time, it was not realized until the present year.

Joseph Hyrtl was born in Hungary, in the year 1811, and in his tenth year came to Vienna, where, upon the completion of his studies in the gymnasium, he in 1830 entered the medical department of the University as a student. Even at that time his leaning to anatomical studies was marked, and it served to attract the notice of Joseph Czermak, who was at that time Professor of Physiology. He received his degree of Doctor in Medicine in 1835, and in 1837 was made Professor of Anatomy in Prague, whence, in 1845, he was transferred to the same chair in Vienna. Notwithstanding all the honor and reverence in which he was held by his numerous students, as well as by those who were more advanced in academical rank, Hyrtl was not satisfied with the position which he had at Vienna, and frequently in his lectures alluded to the time he had spent in Prague as the happiest period of his life. His lecture-room was not large enough to accommodate the students who flocked to hear him, and from this he derived a fresh cause of complaint, thinking that the hesitation of the authorities of the University to build a new amphitheatre for the use of the anatomical chair arose from a personal jealousy, and not, as was really the case, from causes beyond their control.

From this and other causes of misunderstanding, for some years past he has taken no part in the proceedings of some of the most prominent medical societies of the Austrian capital.

His withdrawal from his chair was celebrated by deputations from the various societies of the students and medical men, as well as from the Faculty of the University. These visited him at his residence, and expressed their regret and their sense of the loss which the school would suffer by his resignation.

On Monday, the 16th of March, his lecture-room was crowded, as well as the court-yard and passages of the building in which it is situated, and upon his appearance at the table in a coat and without the well-known mantle which he wore at his lecture, Hyrtl was greeted with tumultuous applause, and in a voice broken with emotion he for the last time addressed his class, bidding them adieu, and telling them that his career as an anatomical teacher was over. Hyrtl's voice was scarcely audible, and at the end of his oration, with tears in his eyes, he leaned upon his friend and assistant Friedlowsky, who was quite as much moved as himself. Other orations were made at this time, and in the evening the students had a celebration at one of the large public halls, conducted according to the rules which have for so long a time held sway among them.

Three days later, on the anniversary of Hyrtl's patron saint, Prof. Ritter von Oppolzer—his former teacher, and the old friend of his father—presented him with a wreath of silver laurel leaves, and on the same day a deputation from the municipal authorities of the city offered to him the honorary citizenship of Vienna.

DEAR, BUT NOT GOOD.—The *Times*, of India, has a story how the Dewan of the Guicowar of Baroda, being ill, sent for a doctor, who desired the Dewan to send him next day a bottle of his urine for examination. The doctor used the Hindustani term *karoova* to express urine, and this term was not understood by the patient; but, being desirous of obeying the doctor and sending him what he wanted, the Dewan rummaged the whole town for *karoova*. At last a crafty fellow from Delhi offered to supply it, and sent a bottle, for which he charged fifty rupees. The Dewan tasted the liquid, and pronounced it not nice. However, next morning he sent the bottle to the doctor, saying that it had cost fifty rupees, and a great deal of trouble, and after all, was not nice! The doctor "smole a smile," and then explained the real meaning of *karoova* to the unhappy Dewan.—*Med. Times and Gazette*, February 21.

THE INK OF THE ANCIENTS.—In a letter from Mr. Joseph Ellis, of Brighton, addressed to the *Society of Arts Journal*, he states that in making a solution of shellac with borax in water, and adding a suitable proportion of pure lampblack, an ink is produced which is indestructible by time or chemical agents, and which on drying will produce a polished surface, as with the ink found on Egyptian papyri. He made ink in the way described, and proved, if not its identity with that of ancient Egypt, yet the correctness of the formula, which was given him by the late Mr. Hackett.—*Druggist's Circular.*

HAY-MITES.—Some time ago a large number of horses died at Nordheim, Germany, from inflammation of the intestines, the true cause not at first being known. At last it was assigned to the hay, in which, upon close examination, an immense number of microscopic animalcula were found. They belonged to the genus Acarus fœnarius, to which genus the mites living on dry fruit and in cheese also belong. In times of horse-disease it might, therefore, be proper microscopically to examine hay and straw, since even the best fodder, if stored in a damp place, is very likely to be infested by those and other parasites.—*Journal of Applied Chemistry.*

MEDICAL LEGISLATION.—The Kentucky legislature has lately passed a law requiring all who prescribe for the sick either to be regularly graduated by a duly chartered medical college, or else to obtain proper credentials from a State Board of Medical Examiners, of which there is one in each judicial district of the State. Every candidate for practice in North Carolina must pass a satisfactory examination before the Board of Medical Examiners of that State before he can obtain license to practise.

THE *Clinic* reports the death of Dr. H. G. McAllister, of Cincinnati, produced by taking a drachm of chloral and a half-ounce of bromide of potassium. The stupor which ensued was mistaken by his wife for sleep, and the doctor was found by her dead in his bed the next morning.

DR. SHARPEY, the distinguished professor of physiology at University College, is to be placed on the Civil List for a pension of £150 per annum.

ALBERT P. BROWN recommends *ptyalin* as an artificial digestant, and gives a method of preparing it.—*American Journal of Pharmacy*, p. 186, 1874, vol. iv.

JOULIN, editor of the Paris *Gazette de Joulin* (obstetrical), died suddenly in his cabinet March 18, 1874, at the age of fifty-three.

IN Paris, thirty-seven streets, according to a Parisian cotemporary, are named after medical men.

GOSSELIN was the successful candidate for the vacant seat of Nélaton in the Paris Academy of Sciences.

NOTES AND QUERIES.

MARSHALLTOWN, IOWA, April 9, 1874.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

MR. EDITOR,—I desire to make some remarks in reply to the editorial which appeared in the *Philadelphia Medical Times*, entitled "The Annual Overflow." The first thing to which I wish to call attention is that the author of "The Annual Overflow" need entertain no fears of the profession not growing in power as well as number; certainly no man who for a moment stopped to reflect upon the discoveries and improvements which are almost daily added to the scientific and the art department of the profession would say, "We fear." The comparison of the medical profession to that of a chain lengthened by links of imperfect workmanship is, I think, rather a poor one. I admit that men miss their calling in some instances, and weak links are interspersed here and there, but those here-and-there weak links may be found throughout the entire chain, save those which time has rusted out. There is little doubt but that fewer weak links will be found in the portion of the chain which has been last constructed than there would be in the portion which was constructed years ago. It is not indisputable that the profession loses influence or lessens with age, but, on the contrary, we have reason to believe it to be gaining. I think if the author of "The Annual Overflow" would take time to call upon some of the boarding-house-keepers and the medical schools of Philadelphia, he would find in most instances that medical students of the present day, as a general rule, are more refined than they were years ago. This does not look as though there were any reason why physicians should lose influence. Are quacks and impostors turned out only from the later graduates? No; the proportion of such to the regular practitioners is no greater than it was fifty years ago. The incident which is given as an example—Mr. Smith—is unfair. This particular gentleman has missed his calling; but because he was a cooper was not the reason why he did not make a doctor; there are plenty of coopers who in three years would make good doctors; there are also plenty of men who have had all the facilities of acquiring a preliminary education and a medical one, who are and ever will be as little competent to practise medicine as was Dr. Smith. Were not some of our best men in the profession mechanics in their early days? In regard to the doctor whose key-note of the English of his prescription was "stummik," I would simply say that that was no reason why he might not have been a competent practitioner of medicine. I have but little doubt that the English was not his native language. Suppose a farmer's son or a mechanic's son is dubbed a medical student after he enters the office of some respectable physician, has he not a right so to be dubbed? for he may yet excel his fellow-student, who has, perhaps, spent most of his time within college walls, but the latter, possibly having little brain, or brain of poor quality, and consequently no judgment or common sense, makes no doctor. Who deserves to be called a medical student?—the farmer's son, who, in the eyes of the author of "The Annual Overflow," is ignorant, and yet becomes distinguished, or the one who has scarcely seen the sun shine through other than college windows? The farmer's son, I say. Honor to whom honor is due.

Yours, etc.,
M.D.

[WE have always felt very sad and depressed concerning human nature and its future when, having made a joke, we have been called upon to explain it. How much sadder and more depressed when, having tried to write simple and plain Saxon concerning a very serious subject, we have failed to make ourselves understood! Certainly, M.D.—if, unlike Dr. Smith, he has not missed his calling—has missed our point. We have nothing to say against capable and studious mechanics, farmers' sons, or hod-carriers *rising* by three years' *hard study* into the profession. We distinctly stated that they might do so. We did, and do, most earnestly object to their *loafing* into it in one year, which is all that our system of education really requires.

We do not care to defend the figures and the literary features of our editorials; they must stand or fall by their own merit. We would not have replied at all to our correspondent had not the importance of the *matter* demanded some comments. The fact that M.D. states that Dr. Smith is an unfair example, proves the truth of what we have just said in regard to his misunderstanding us. Dr. Smith is, we believe, an unfair example of an average American medical graduate. But a hole large enough to let *one* big rat through will suffice for the passage of an army of the vermin. And Dr. Smith's case proved our point as conclusively as if we had filled twenty columns of the *Times* with instances. The point was that graduation at a medical college of repute is no guarantee of the possession of even the most modest outfit of medical knowledge. In the last ten years we have probably had as medical pupils nearly four hundred men now graduates, and therefore speak of what we do know, and do not feel disposed to consult boarding-house-keepers and bankers. Men of ability graduate and finally rise to eminence, but God only knows the amount of injury they do whilst they are learning their profession *after* they graduate. This is the real curse of our American system; not merely that we turn out a large number of ignoramuses, who flounder for a few years, trifling, it may be, with a few score of lives, and then fall out of sight, but that so many of our good practitioners become such at the expense of those wretches who fall in their way during the early years of their practice, and that many even of these good practitioners are ignorant of the outer knowledge of the profession,—totally unfit to guide their respective communities in regard to those matters, such as hygiene, which ought to be settled by physicians, and for direction in which the laity looks to the profession.

We have not space here for further words about deficiencies of which we had thought everybody knew. *Ex uno omnes disce.* Very many graduates of medicine from our first colleges have no practical knowledge of physical diagnosis.—EDS. *P. M. T.*]

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM APRIL 21, 1874, TO APRIL 27, 1874, INCLUSIVE.

BAILY, J. C., SURGEON.—Assigned to duty at Frankfort, Kentucky. S.O. 61, Department of the South, April 20, 1874.

GARDNER, WILLIAM H., ASSISTANT-SURGEON.—Assigned to duty as Post Surgeon at Fort Union, N. M. S. O. 32, District of New Mexico, April 14, 1874.

MIDDLETON, P., ASSISTANT-SURGEON.—When relieved by Surgeon Baily, to comply with S. O. 78, c. s., War Department. S. O. 61, c. s., Department of the South.

LIPPINCOTT, H., ASSISTANT-SURGEON.—Assigned to duty as Post Surgeon at Fort Whipple, A. T. S. O. 35, Department of Arizona, April 9, 1874.

DE WITT, C., ASSISTANT-SURGEON.—Assigned to duty at Humboldt, Tennessee. S. O. 61, c. s., Department of the South.

GIRARD, ALFRED C., ASSISTANT-SURGEON.—Relieved from duty in Department of the South, and assigned to duty at the United States Military Academy, West Point, New York; so much of S. O. 79, c. s., A. G. O., as grants him four months' sick leave, having been revoked. S. O. 90, A. G. O., April 25, 1874.

GIRARD, J. B., ASSISTANT-SURGEON.—Assigned to duty as Post Surgeon at Camp Lowell, A. T. S. O. 35, c. s., Department of Arizona.

POPE, B. F., ASSISTANT-SURGEON.—When relieved by Assistant-Surgeon De Witt, to comply with S. O. 78, c. s., War Department. S. O. 61, c. s., Department of the South.

FITZGERALD, J. A., ASSISTANT-SURGEON.—Relieved from duty at the United States Military Academy, and to report in person to the Commanding Officer, Department of the Columbia, for assignment. S. O. 90, c. s., A. G. O.

MOFFATT, P., ASSISTANT-SURGEON.—Assigned to duty at Fort Garland, C. T. S. O. 32, c. s., District of New Mexico.